

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

6740 -62-024649
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

FILED 101 12 1962 318

Primary Registration District No.

1003

Registrar's No.

ST-11430 XC-15 171 099

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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83

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 2 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVE.		c. CITY OR TOWN ST. LOUIS d. STREET ADDRESS 3845 ILLINOIS STREET	
3. NAME OF DECEASED (Type or print) First Middle Last JULIUS A. GESELLSCHAP		4. DATE OF DEATH Month Day Year 7/6/62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/15/89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY See No 10a.	
11. BIRTHPLACE (City and state or country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME JULIUS D. R. GESELLSCHAP		13b. MOTHER'S MAIDEN NAME AUGUSTA STRICKENBROCK	
14. NAME OF HUSBAND OR WIFE LEONA GESELLSCHAP		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) YES WW-I	
16. SOCIAL SECURITY NO.		17. INFORMANT LEONA GESELLSCHAP (WIDOW) SEE #2	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY THROMBOSIS DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH Less than 24 hours Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION VAH		COUNTY STATE	
21. attended the deceased from 7/4/62 to 7/6/62 and last saw him alive on 7/6/62 Death occurred at 12:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deedee or title) Joseph Schaefer, M.D.	
22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 7/7/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) 7-9-62		23b. DATE New St. Marcus	
23c. NAME OF CEMETERY OR CREMATORY St. Louis, County Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Southern Funeral Home.		25. DATE RECD. BY LOCAL REG. JUL 9 1962	
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Lee Loran

Licensed Embalmer No. 4242

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.